(Read the instructions given below carefully before filling the application)         xpplication for (Regular / Supplementary )         Aonth & Year of Examination         HALL TICKET NUMBER         Iame of the Candidate (as per S. S. C.)         ather's Name (as per S. S. C.)         Aother's Name         Date of Birth (as per S. S. C.)         Mobile NUMBER         -Mail ID:         -Mail ID:         -Mail ID:         -Nail ID:         -Probability And TiCAL FOUNDATIONS OF COMPUTER SCIENCE         2       5P2B11         ATHEMATICAL FOUNDATIONS OF COMPUTER SCIENCE         2       5P2D12         COMPUTER PROGRAMMING         3       5P2C13         PROBABILITY AND STATISTICS         4       SP2A14         ACCOUNTING AND FINANCIAL MANAGEMENT         5       5P2B15         SP2B17       COMPUTER PROGRAMMING LAB         8       SP2B18         INCORMATION & COMMUNICATION TECHNOLOGY LAB         9       SP2C19         PALL ARGUAGE COMMUNICATION SKILLS LAB         In case of Supplementary         Number of Subjects Registered         Exam fee amount: ₹         Marks Memo: ₹         30.00	Contraction of the second		(AUTONOMOUS) NAPALLI, RAJAMPET-516126 A I Semester (R15)	MC
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9       5P2C19       ENGLISH LANGUAGE COMMUNICATION SKILLS LAB         In case of Supplementary       Exam fee amount: ₹         Number of Subjects Registered       Marks Memo: ₹ 30.00         Fine Fee: ₹       Total Amount: ₹         retified that the above information is CORRECT and Filled by me.         ubmission Date:       Signature of the candidate         nstructions:       Candidates are instructed to be very careful about the entries to be made in the application.         > All entries should be in candidate's own handwriting.	7 5P2B17	COMPUTER PRO	GRAMMING LAB	
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	makes.	a or incorract a	tatement in the application will render	the

- candidate liable to disciplinary action.
- > The filled in application should be submitted in the Examination Section.

## Office Use Only Fee Receipt Number: